

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER CREEKSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 6-8-2016. Records indicate this facility was first licensed on 5-1-1971, for 60 resident beds. Based on the above information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1967 North Carolina State Building Code, Section 407.1, Group D-2, Institutional Occupancy.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation the facility failed to meet the provisions of Section 516.1(c) 1. of the 1967 NC State Building Code. Section 516.1(c) 1.	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 required sprinkler systems OR fire detecting devices be installed in all spaces in accordance with Pamphlets 71, 72, and 74 of the National Fire Protection Association. The Pamphlets stated that fire detecting equipment shall be installed throughout all parts of the protected premises including all rooms, halls, storage areas, etc... Findings include: There was no fire detecting device (a heat or smoke detector connected to the existing fire alarm system) provided in the following spaces. a. Activity closets (2), b. Outdoor Biohazard closet, c. Maintenance shop, d. Closet off laundry, e. Maintenance closet near the fire alarm system. 2. Based on observation, the facility is not in compliance with Table 508.2.3 of the current NC State Building Code as relates to large storage rooms. Table 508.2.5 of the 2012 NC State Building Code requires that storage rooms, larger than 100 square feet in Institutional Unrestrained occupancies must be separated from the remainder of the facility by a 1 hour fire resistance rated fire barrier constructed in accordance with Section 707. Finding includes: The Doctors office room was substantially larger than 100 square feet and was being used for storage of 12 mattresses, 6 upholstered chairs, 1 couch, 1 wood desk, 3 large boxes of blankets and dozens of towels.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT	C 133		

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C 133	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the tubs in the Handicap Bathrooms 1 & 2.	C 133		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, an exterior exit path was not maintained uncluttered and free of obstructions. Finding includes; A mattress was stored in an exterior exit path near room 20. 2. Based on observation, there was no documentation of monthly inspections of the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented on a tag provided at the system pull.	C 166		

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C 166	Continued From page 3 3. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, battery powered emergency lights in the corridor would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include: a. Corridor near room 14, b. Corridor near Facility Director's office. 2. Based on observation, the heat detector in the Men's bathroom had been painted. Heat detectors that have been painted cannot be trusted to work properly and must be replaced. 3. Based on observation, many corridor doors are prevented from closing quickly and latching to	C 189		

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C 189	<p>Continued From page 4</p> <p>resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>Findings include;</p> <p>a. The smoke barrier door near room 20 would not close completely and latch when activated by the fire alarm system.</p> <p>b. The door to the living room, which was approximately 1500 sq. feet, had been removed.</p> <p>c. The door to bedroom 9 will not latch when closed.</p> <p>4. Based on observation, many corridor doors do not fit the door opening well enough to resist the passage of fire and smoke. Corridor doors that do not fit well present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>Findings include the following doors:</p> <p>a. Handicap bath 2,</p> <p>b. Bedroom 2,</p> <p>c. Bedroom 4,</p> <p>d. Bedroom 11,</p> <p>e. Bedroom 12,</p> <p>f. Bedroom 14,</p> <p>g. Laundry,</p> <p>h. Biohazard storage,</p> <p>i. Personal Care Co-ordinator's office.</p> <p>5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include:</p> <p>a. Attic access door in laundry is of only one</p>	C 189		

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C 189	Continued From page 5 gypsum resting on wood casing. b. Attic access door in PCC office resting on steel on only 2 sides.	C 189		